

Charles A. Bond
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 2-875)

SERIAL NO. 09/937974 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5	1					
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TOTAL IND.	5					
TOTAL DEP.						
TOTAL CLAIMS	26					

	* IND. * DEP.		* IND. * DEP.		* IND. * DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						